

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90064 044 ****61.25

0071726

DOCUMENT # 736534

1. Entity Name

FIRST BAPTIST CHURCH OF ISLAMORADA, INC.

Principal Place of Business

Mailing Address

U.S. HIGHWAY #1, MILE MARKER 81.2
 P.O. BOX 453
 ISLAMORADA FL 33036

U.S. HIGHWAY #1, MILE MARKER 81.2
 P.O. BOX 453
 ISLAMORADA FL 33036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1652631

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, BETTY
108 AREGOOD LANE
ISLAMORADA FL 33036

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	CURTIS MOBLEY	
STREET ADDRESS	105 WHITE MARTIN BCH BLVD	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVID DAY	
STREET ADDRESS	9245 TOPAZ AVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLLINS, BETTY J	
STREET ADDRESS	108 AREGOOD LANE	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVIE E. PRITCHETT	
STREET ADDRESS	108 PLANTATION SHORES DR	
CITY-ST-ZIP	TAVERNIER, FL 33070	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY J COLLINS
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-14-02 (305)
 Daytime Phone #: 852-5331

CR2E037 (9/01)